

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-2754.M2

March 14, 2003

Re: Medical Dispute Resolution
MDR #: M2.03.0409.01
IRO Certificate No: 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History:

This male patient suffers cervical, mid and low back pain following a work-related incident on ____.

Disputed Services:

Outpatient IDET procedure.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure named above is not medically necessary in this case.

Rationale for Decision:

The request for IDET is based upon provocative discography that, by examination, reveals incomplete findings otherwise not warranting an intradiscal electrothermocoagulation. There is no indication in the provocative discography report regarding manometry, nor is there any subjective report as to the amount of pressure at each disc. In addition, the most remarkable pain reported was mild discordant pain at the L3-4 disc and the L4-5 disc. Mild back pain was reported at the L5-S1 disc.

With no indication of significant concordant pain at at least one level with an acceptable control level and without any indication of manometry readings. I do not find it reasonable to proceed with IDET therapy. This is in keeping with Saal criteria suggestions regarding determination of patients for IDET therapy.

I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on March 14, 2003.

Sincerely,